S
362.1969792
H2mra
Winter
2000/2001

MONTANA RESPONDS TO STD/HIV

Winter 2000/2001

Montana State Library
3 0864 1004 9872 7

STATE DOCUMENTS COLLECTION

JAN 31 2001

MONTANA STATE LIBRARY
1515 E. 6th AVE.
HELENA, MONTANA 59620

NEW YEAR, NEW GRANT... LOOKING AHEAD

by Gina Mallet

Because of substantial improvements in early diagnosis and care for people infected with HIV, more Americans are living with HIV than ever before. Individuals and society as a whole are benefiting from this remarkable progress. However, it does mean more opportunities for transmitting the virus and increased needs for HIV prevention. : Research shows that optimistic attitudes about treatment may be contributing to increased risk behavior among individuals at risk for HIV infection. And, without lifelong prevention support services to help them adopt and maintain healthy behaviors, the growing number of people living longer with HIV form a wellspring of potential infection

As Montana's HIV Prevention Statewide Community Planning Group (SPG) responds to this change, it continues its efforts to reduce the number of Montanans who become HIV positive or re-infected with HIV through the implementation if the 2001 HIV Prevention Plan. However, during 2001, in partnership with the STD/HIV Section Staff and prevention service providers, the SPG will be developing its 2002-2003 HIV Prevention Plan. It will strengthen its community-level HIV prevention services through the use of epidemiologic and surveillance data, an updated needs assessment, new and innovative prevention interventions, and increased knowledge of behavioral science of the best ways to motivate people to adopt and maintain safer behaviors, reducing their risk of acquiring or transmitting HIV. Technical assistance will be provided; data will be collected to evaluate effectiveness of the current interventions; Regional Advisory Committees and the Native American Advisory Committee will gather community-level information and respond to local needs; a work group will address the development of our Web-based data collection and evaluation system; and SPG committees will continue their respective responsibilities. The results of all this activity will be integral in the setting of goals and objectives for the 2002-2003 Plan. A very busy year, indeed!

Special points of interest:

- *Laurie Kops joins the STD/HIV Staff*
- *Health Alert: Use of Zerit and Videx*
- *Summit Dates Announced*
- *Recommended Websites*

National Condom Week is February 10-16

National Condom Day is traditionally celebrated on February 14, Valentine's Day! Plan now to incorporate more condom education into whatever you may be planning to do throughout the next month. Order in additional condoms to pass out, make condom flowers, create "mixed bags" with assorted colors, flavors, or sizes to try out, or give a condom demonstration to someone who doesn't know how to incorporate condoms into their life. Condoms do effectively stop the spread of many STDs. Encourage them to be used! Call (406) 444-3565 for ordering information from the STD/HIV Prevention Section.

Inside this issue:

Record Prison Releases	2
AIDS Doesn't Discriminate	2
New Hepatitis C Report	3
Sex Practices of Boys	3
MT Health Agenda Released	4
DPHHS Director Named	5
World AIDS Day Ideas	6

Prisons Release Record Numbers of Ex-Convicts

Throughout the United States, individuals arrested during the anti-crime crackdown of the past two decades are now returning home. Statistics show that 585,000 felons will be released from state and federal prisons in 2000, a figure approximately three times the number released in 1980. As a result, communities are rushing to establish "re-entry" programs to help the ex-convicts, particularly as some law enforcement officials and health analysts issue dire predictions about the offenders' return. The predictions include possible increases in now record-low crime and unemployment rates. In addition, public health expenses could rise, because many offenders have diseases like HIV and tuberculosis, and many felons who were drug addicts did not receive treatment while incarcerated. US Attorney General Janet Reno has called on 17 jurisdictions to launch re-entry efforts, and Congress has cleared almost $100 million in funding for the upcoming fiscal year. (USA Today 12/27/00)

New STD Staff Member

Laurie arrived at the DPHHS with a background in health education. She was employed at the Office of Public Instruction for 8 years as the HIV/AIDS Education Specialist before taking four years away from the working world to stay home with children. Previous to working at OPI, Laurie was an educator for a private high school in North Dakota and also spent time teaching at Mountain View School for Girls.

Raised in North Dakota, she moved to Helena in 1985 to seek her fortune. She met her husband, Ken, a programmer for the State Auditor's Office, and they have two daughters, Hannah and Bailey. She spends some time during the summer at her husband's family's farm in the Inverness area, and likes to be outdoors and involved in any sports. Laurie is very content in her position at the DPHHS and finds the work in the world of STDs to be a tremendous learning opportunity as well as a challenge.

"AIDS Doesn't Discriminate," says 65-year-old woman

Former reporter Jane Fowler, HIV positive and 65 years old, is working to educate seniors on the fundamentals of AIDS, teaching them that their age doesn't protect them from the disease. *People* magazine reports in a profile of Fowler. "I decided to put another face to the epidemic, an old wrinkled face to show people that HIV doesn't discriminate," said Fowler. AIDS among the elderly has jumped 360% over the last decade, *People* reports. Fowler believes she contracted the disease on New Year's Eve, 1985. Fifty years old and "unlikely to get pregnant," the divorced journalist saw no need for protection when she had sex with a colleague whom she had casually dated for some time. After an insurance provider denied her coverage because of an abnormal blood test, Fowler discovered she was HIV-positive. Until 1995, Fowler tried to hide her disease, but after she learned her former New Year's Eve date had died, "she decided to speak out." That year she co-founded the National Association on HIV Over 50, which helps provide information and health and social services to those affected by the disease. Today, her disease kept under control with the help of drugs, she travels the country sharing her story with other seniors and offering them the same "safe-sex message" that younger people have heard for years. "I am a poster girl for a health cause that is neither chic nor pretty," she said. (People, 12/18)

New Hepatitis C Report Released

Hepatitis C infections have reached "epidemic proportions" among incarcerated populations, according to the new report "Hepatitis C and Incarcerated Populations: The Next Wave for Correctional Health Initiatives," released by the Association of State and Territorial Health Officials. The report maintains, however, that "many potentially successful interventions...could be undertaken," despite the limitations of screening and treatment, such as efforts to educate prisoners on risk factors and the importance of alcohol abstinence, as alcohol can lead to liver cirrhosis in HCV- infected people.

The report provides several recommendations, including the following: 1)CDC should develop guidelines specific to this population; 2)Funding is needed for community interventions addressing HCV prevention, screening, diagnosis, and treatment before incarceration; 3)States should integrate HCV prevention into existing HIV/AIDS programs, family planning programs, and STD clinics; 4)Additional collaboration is needed between corrections and public health agencies; and, 5)the federal government should lift restriction on the use of funds for needle exchange services. This report is part of the ASTHO Prison Project and has support from the CDC's National Center for Infectious Diseases (ASTHO, Hepatitis C and Incarcerated Populations, 12/2000)

Health Alert: Use of Zerit and Videx in Pregnant Women

FDA and Bristol Myers Squibb are warning health care professionals that pregnant women may be at increased risk of fatal lactic acidosis when prescribed the combination of the HIV drugs stavudine and didanosine with other antiretroviral agents.

"Women who are prescribed the combination drug therapy should be closely monitored..."

Lactic acidosis occurs when cells of the body are unable to convert food into usable energy. As a result excess acid accumulates in the body, and vital organs such as the liver or pancreas may be damaged.

This new warning follows three reported cases of fatal lactic acidosis, with or without pancreatitis, that occurred in pregnant women taking Zerit and Videx in combination with other drugs used to treat HIV.

This syndrome may develop abruptly, and in the absence of abnormal laboratory values in the weeks preceding its development. Therefore, it is imperative that healthcare providers maintain a high index of suspicion when monitoring these patients.

Survey Shows Sex Practices of Boys

An article published in the current issue of Family Planning Perspectives discusses facts found regarding the promiscuity of adolescent males and the risk factors for sexually transmitted diseases. The national survey reveals the statistics related to the types of sexual activities being pursued by teenaged boys, including oral and anal sex. Among other things, the report brought to light the confusing perceptions of what activities teenagers consider is not sex or is abstinence. "While 55% of teenage males say they've had vaginal sex, two-thirds have had experiences with noncoital behaviors like oral sex, anal sex, or masturbation by a female," says Freya Sonenstein, one of the study"s authors. "These behaviors put kids at risk of getting STD's, which compromise their health." Parents and clinicians should take a broad view of sexual activity when discussing sex with young people. The most important message from these findings is that we must get away from the view that sex is vaginal intercourse and abstinence is nothing more than holding hands. (New York Times 12/19/00)

2000 Cyclists Expected for AIDS Project to Ride 534 Miles Across Montana

As many as 2000 bicyclists will journey across Montana to raise money for research on a vaccine for AIDS. The Montana AIDS Vaccine Ride starts in Missoula on July 30, crosses the Continental Divide, and culminates with a closing ceremony August 5 in Billings.

Montana was chosen as one of three locations for the vaccine rides because of the state's mystique and the challenge of crossing the Continental Divide. Ads for the Montana ride capture the mystique with the slogan, "We think if you're going to have a real peak experience, it ought to include some peaks." Everybody has a list of things they would like to do in their lifetime. "Seeing Montana is one of those things that are on most people's lists," said Dan Pallotta, one of the organizers of the ride. Overall, on average, 55% of the money raised on AIDSRIDES has gone to AIDS charities. This will be an opportune time for all Montanas to focus their attention once again on this epidemic. Take the time to find out the exact route, and then plan activities that educate your communities about HIV/AIDS. Use this event to focus attention on the prevention message. For more information on the Pallotta TeamWorks Montana AIDS Vaccine Ride, call 1-888-553-4567, or visit the Website at www.vaccineride.org.

Community Planning Leadership Summit in Houston, March 16-18

Plans for the Community Planning Leadership Summit for HIV Prevention (CPLS) are well underway! Abstracts have been called for and are being reviewed at this time. If you are planning to attend CPLS, don't forget to register by February 2nd. More importantly, make your hotel reservations early! The conference will take place at the Hyatt Regency Hotel in Houston, TX from March 16-18, 2001. Contact the hotel directly at 1-800-233-1234 or (713) 654-1234 to make your reservation. Be sure to identify yourself as a CPLS participant. You may also visit the NMAC website for conference and hotel information: www.nmac.org, click on the CPLS button.

Glimpse of Montana's Health Priorities Available

An extensive, detailed look at the 19 priorities for a "healthy Montana" is now available to the public through the Internet site maintained by the Department of Public Health and Human Services.

"Montana Health Agenda 2000," compiled by staff in the DPHHS Health Policy and Services Division, updates and improves a similar document prepared in 1998. The 2000 version contains new baseline information, new priority areas and adapts national Healthy People 2010 standards for Montana.

"This document is a comprehensive leadership plan to accomplish key health priorities for Montana in the coming years," Division Administrator Nancy Ellery said. "Individuals alone cannot ensure their own health or the health of their community. For state and local governments, addressing the health issues of the 21st century requires planning with community partners, legislators, state and local health professionals and others.

"We see this document as a roadmap toward responsible planning."

The Agenda is available on the Internet at www.dphhs.state.mt.us under the "What's Hot" entry, or by calling 444-4473.

Protein Found to Block HIV Spread into Healthy Cells

A blood protein that halts the spread of HIV could pave the way for new therapies that might be able to contain the virus, the Denver *Rocky Mountain News* reports. Researchers at the University of Colorado Health Sciences Center found that AAT, a naturally occurring protein in the blood, prevents HIV from replicating and spreading to healthy cells. The researchers found that AAT blocked the infection of healthy cells by HIV by almost 80%, and blocked the production of HIV in previously infected cells by up to 100%. Since HIV "thrives" in areas of the body that contain small amounts of AAT, such as lymph nodes, scientists speculated that these "AIDS-friendly" places could be made more resistant to HIV if an infected person was injected with additional AAT. Leland Shapiro, an assistant professor of medicine at UCHS and lead study investigator said, "I think this could be a significant new way of approaching HIV with a great potential for applications in therapy."

The scientists' "dramatic" discovery could lead to new therapies for infected patients and a "potential shift" in HIV treatment strategies. The finding might even lead to the development of a prophylactic treatment to prevent "at risk" individuals from contracting the virus. The findings could shift treatment strategies away from current therapies. "Let's hope this is a new and better approach to treating HIV, because we surely need it," said Shapiro. (Kaiser Daily)

Recommended Websites

HIV Treatment Guidelines *http://www.hivatis.org*
Johns Hopkins AIDS Service *http://www.hopkins-aids.edu*
UCSF: HIV Insite *http://hivinsite.ucsf.edu*
Northwest AIDS Education and Training Center *http://depts.washington.edu/nwaetc/*
Medscape(Infectious Diseases) *http://www.medscape.com/Home/Topics/ID/InfectiousDiseases.html*
Am. Foundation for AIDS Research *http://www.amfar.org/td*
Kaiser Family Foundation *http://www.kff.org*

For Teens:

National Campaign to Prevent Teen Pregnancy *http://www.teenpregnancy.org*
Advocates for Youth *http://www.advocatesforyouth.org*
American Social Health Association *http://* www. *iwannaknow.org*
Planned Parenthood Federation of America's "teenwire" *http://www.teenwire.com*

New DPHHS Director Named

January 2, 2001, Gail Gray, Ed.D., succeeded Laurie Ekanger, as the Director of the Montana Department of Public Health and Human Services. Laurie Ekanger is retiring from state government. Gail comes to the Department of Public Health and Human Services from the Montana Office of Public Instruction. Gail can be reached at the following address:

Gail Gray, Ed.D.
Director
Montana Department of Public Health and Human Services
P.O. Box 4210
111 N. Sanders
Helena, MT 59604-4210
406/444-5622
FAX 406/444-1970
email: ggray@state.mt.us
DPHHS web site: http://www.dphhs.state.mt.us

750 Copies of this public document were published at an estimated cost of .50 per copy, for a total cost of $375.00 which includes $375.00 for printing and 0.00 for distribution. Funded 100% with federal dollars provided through the CDC.

STATE LIBRARY
1515 E 6TH AVE
HELENA MT 59620-1800

MONTANA
Department of Public Health & Human Services

STD/HIV Prevention Section
1400 Broadway, Room C211
Helena, MT 59620

World AIDS Day Ideas for December 1, 2001

Here are some terrific ideas from across the country of ways to mark World AIDS Day. This is a partial list compiled by the Kaiser Daily HIV/AIDS Report.

* Organizers at the University of Michigan will hold several forums, workshops, and discussions throughout the entire week. Events will include a film entitled,"Dealing with Homophobia in the Black and Brown Communities," a workshop entitled, "Let's Get It On? The Politics of Sex with Your Man or Woman."

* In Baltimore, MD there will be a candlelight vigil and speeches by notable AIDS dignitaries, as well as a performance of a local college theater group for high schhol students entitled, "Sex and Life 101.".

* In Charlotte, NC. an evening observance will include music, discussion, and a vigil, as well as a display of part of the AIDS Quilt..

* In Chicago, Il at the Cultural Center, there will be a musical in the afternoon, as well as two videos in the evening. Another Museum will feature a reading of excerpts from "Close to the Knives: A Memoir of Disintegration."

* In Denver, CO. Steve McCeney , a psychologist with AIDS will speak at a local church.

* Fall River, MA at Bristol Community College organizers will show a film, "Rock the Boat," a film documenting a crew of men with AIDS in a sailboat race across the Pacific Ocean. A member of the crew will speak on campus.

* In Prince George's County, MD at the community college they hosted a summit on HIV/AIDS called, "Partnering for Change." They brought together health experts, teachers, students, faith community leaders civic leaders and activists to exchange ideas and voice concerns.

These are just a few examples of ways the community can be prompted to get involved with HIV. Use the resources in your own communities to continue to keep the fight against HIV alive. Prevention is the key!!!

Plan now for December activities.

362.1969792
H2mra
Spring2000

SPRING 2000

MONTANA RESPONDS TO STD/HIV

STATE DOCUMENTS COLLECTION

AUG 0 3 2000

MONTANA STATE LIBRARY
1515 E. 6th AVE.
HELENA, MONTANA 59620

Oral Sex: Study Reveals Risks for HIV Transmission

The risk of contracting HIV through oral sex is higher than experts previously thought, according to the most definitive study to date on the subject. Researchers said that in a study of the possible modes of transmission among 102 newly infected gay and bisexual men, 8% of those infections resulted from performing unprotected oral sex. The researchers conducted numerous interviews to determine the mode of infection. Although many health officials have suspected oral sex could pose some risk of HIV transmission, some researchers were surprised at the magnitude of their results. " It was higher than we expected. This may be a significant way that men who have sex with men get infected.," said Dr. Frederick Hecht of UCSF, noting that while "there's a lot less unprotected anal sex that there was a few years ago... there hasn't been the same reduction in unprotected oral sex, which has probably become an important mode of transmission." However, he noted that engaging in unprotected receptive anal sex is 100 times more likely to transmit the virus. Dr. Ronald Valdiserri from CDC, said, "It's certainly sobering news. We've known... that there was a risk of HIV transmission through oral sex. Of course scientists indicated that they thought it was a much smaller risk compared to anal or vaginal sex." He added that oral transmission does not require open sores or bleeding gums as "tiny nicks and abrasions probably could give a portal of entry to the virus."

Valdiserri expressed concern for teens and young adults who engage in oral sex because they believe it poses no risk of AIDS. "Not just gay men have oral sex. We need to be sure that young people, many of whom practice oral sex as an alternative to vaginal sec, need to understand there's a risk here," he said. Dr Helene Gayle from CDC said, " We know that the only safe sex is total abstinence or sex with a mutually monogamous, non-HIV infected partner. everything else has some degree of risk. The sense that oral sex is safe sex may have been an unfortunate message." Dr. Anthony Fauci added, " A lot of us in the public health field have been saying all along to be careful of unprotected fellatio. People think the risk is low, but what's low?" (Kaiser Daily Report)

Inside this issue:

St. John's Wort Warning 2

Children's Book with HIV Message 2

Young Adult Men Need More HIV Information 2

YM Teen Sex Survey 3

Helpful Websites 4

Calendar of Upcoming Events 5

New Employees at the STD/HIV Section 6

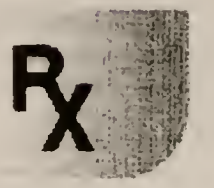
Special points of interest:

- *Simon Rosser is coming to Montana to conduct an MSM Seminar*
- *Avanti as a condom option to consider*
- *EPI Profile is updated.*

Drug Interactions w/ St. John's Wort and Indinavir

The Food and Drug Administration would like to inform you about results from a study conducted by NIH that showed a significant drug interaction between St. John's wort (hypericum perforatum), an herbal product sold as a dietary supplement, and indinavir, a protease inhibitor used to treat HIV infection. In this study, concomitant administration of the two substances substantially decreased indinafir plasma concentrations, potentially due to induction of the cytochrome P450 metabolic pathway.

Based on these results, it is expected that St. John's wort may significantly decrease blood concentrations of all of the currently marketed HIV protease inhibitors (PI) and possibly other drugs (to varying degrees) that are similarly metabolized, including the nonnucleoside reverse transcriptase inhibitors (NNRTIs). Consequently, concomitant use of St. John's wort and PI or NNRTIs is not recommended because this may result in suboptimal antiretroviral drug concentrations, leading to a loss of virologic response and development of resistance or class cross-resistance.



Health care professionals are asked to alert patients about these potential drug interactions to prevent loss of therapeutic effect of any drug metabolized via the cytochrome P450 pathway.

Children's Book: HIV Positive Grandma and her Granddaughter

A new book, My Grandma Has AIDS: Annisha's Story, tells the story of HIV patient Valerie Reeder-Bey from the perspective of her third-grade granddaughter, Annisha Wilburn. The book evolved from a list of things the two developed to address Wilburn's concerns about HIV, including, "It's okay to hug" and "It's okay to hold hands," the Washington Post reports. In the book, Wilburn introduces her grandmother, saying, "She is real special to me. My grandma is just like any other grandma. My grandma has AIDS." She goes on to describe various things the two do together, noting, "I know that if my friend has AIDS, I cannot catch it."

Reeder-Bey, a former alcohol and drug addict who now serves as an AIDS activist and drug counselor, distributes the book everywhere possible, hoping parents will use it to discuss the subject with their children. "Even if it's not in every household, I want everyone to know about it," she says.

> *"I would love for it to be in every household. That's the ultimate dream."*

Young Adult Men lack STD/HIV Education (Family Planning Perspectives, Jan/Feb 2000)

Young adult men ages 22-26 are "much less likely than adolescents to receive AIDS or STD prevention education." according to a study published in Family Planning Perspectives. The study, "Older, but Not Wiser: How Men Get Information About AIDS and STDs After High School," analyzed data from 1988-1995 the National Survey of Adolescent Males, finding that about, "one third of young adult men received no information about AIDS or STDs from any source other than the media"— a stark contrast to the "nearly universal coverage of HIV and sex education for high school students." Despite the fact that 94% of the study's sample of young men were "sexually experienced", only 22% reported discussing disease prevention with a health professional. This indicates that more "preventive efforts need to be aimed at young adults," the authors write, noting that while media "can reach nearly everyone in this age group," it often sends "mixed messages" and fails to focus on substantive sexual health issues. "Mass media are a good way to increase awareness... but they should not substitute for interpersonal communication."

Teen Sex: YM Survey Examines Perceptions, Risk Taking Behavior (YM magazine, 2/00)

Trying to tap into the minds of teenage girls on sex issues, YM magazine conducted its largest-ever sex poll, "The Love & Sex Report." In collaboration with the Kaiser Family Foundation, the magazine asked its readers about topics ranging from sex in the media to why they do or do not have sex. Here are some of their responses: 70% thought society was obsessed with sex, 85% said they received most of their information from friends, while 77% cited magazines. 27% had "taken the plunge" at the average age of 15, 58% said they had sex because they were "curious". 47% said they were in love and 40% said they were "hot for the guy." Of those having sex, 24% waited more than a year, and 55% waited six months or less. 48% said "they did not use birth control the first time they had sex." Only 44% said they always used protection, and 20% said they never did. For more information on this survey check out the www.kff.org website. Tina Hoff of KFF said, "Knowing why teens make certain decisions about sex is key to understanding their behavior. Typically, too little research is devoted to the emotional side of sexual issues. That's what's good about this survey; it helps shed light on the pressures teens face and the thinking behind their actions. That's essential in helping themn to make smarter decisions when it comes

New Materials Approved by the AIDS Review Panel

The AIDS Review Panel met on February 17, 2000 and approved the following new materials.

Videos: Native American Educational Spots produced by Frank Tyro @ Salish-Kootenai College

Smart Sex-How to Protect Yourself in the Age of AIDS produced by AIMS

Teens Talk-How to Protect Yourself in the Age of AIDS produced by AIMS

Written Materials: Life Planning Education by Advocates for Youth.

These materials are approved to be purchased with HIV Prevention Dollars or funds from OPI.

Additional materials sent in, but were not HIV specific; therefore, not necessary to be approved by the panel:

Videos: "Gay Youth" and "It's Elementary", both excellent videos on sexuality issues, but not HIV specific.

The next meeting will be on May 18th. For more information, contact Margaret Souza @ 444-2675.

MSM Training with Dr. Simon Rosser

David Herrera is sponsoring Dr. Simon Rosser to come to Montana to give a five day workshop on MSM sexuality, training of small group leaders, and other HIV Prevention risk reduction ideas for the MSM population. This will be an excellent opportunity for MSMs, HIV Prevention workers, and any other volunteers that are interested in addressing MSM issues.

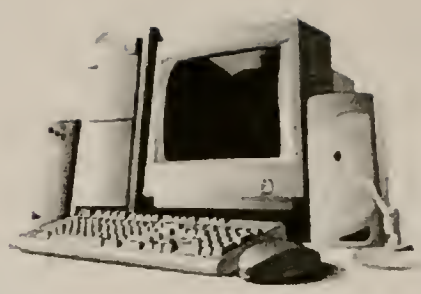
The training is lengthy, but well worth your effort in attending the entire program. Topics include: small and large group trainings for group leaders; principles and history of HIV prevention in the MSM population; Sexual health seminars; clinical sexology; and ethical challenges. Plan now to attend. Mark your calendars for June 1-5 in Billings. Call David Herrera @ 248-6600

Interesting and Informative Websites

HIV Treatment Guidelines http://www.hivatis.org
Johns Hopkins AIDS Service http://www.hopkins-aids.edu
UCSF: HIV Insite http://hivinsite.ucsf.edu
Northwest AIDS Education and Training Center http://depts.washington.edu/nwaetc/
Medscape(Infectious Diseases) http://www.medscape.com/Home/Topics/ID/InfectiousDiseases.html
American Foundation for AIDS Research http://www.amfar.org/td

Kaiser Family Foundation http://www.kff.org

For Teens:
National Campaign to Prevent Teen Pregnancy http://www.teenpregnancy.org
Advocates for Youth http://www.advocatesforyouth.org
American Social Health Association http:// www.iwannaknow.org
Planned Parenthood Federation of America's "teenwire" http://www.teenwire.com



American Medical Association's "Adolescent Health On-Line" http://www.ama-assn.org/adolhlth/adolhlth.htm
Kaiser Family Foundation and Children Now's "Talking with Kids" http://www.talkingwithkids.org
Dr. Drew Pinsky host of MTV's Loveline http://www.drdrew.com

Official EPI Profile for 2000 is Available

Jim Murphy has completed the revisions for the year 2000 Epidemiological Profile, commonly referred to as the EPI Profile. This document is a comprehensive look at the HIV epidemic in the State of Montana. This version Includes all of the data through 1999. The Statewide Planning Group (SPG) uses this document as a key source of information for gauging the epidemic in our state. Critical information for planning HIV Prevention efforts for the coming year.

Once again, we must commend Jim for doing an incredible job of making this very complicated material into a "user-friendly" document. This document is available online @ http://www.dphhs.state.mt.us/pubheal/disease/commdis/stats.htm

If you would prefer a hard copy, please call Shelley Brown @ 444-3565 to request one.

"I'm just glad to make this information available to everyone," says Jim Murphy.

Condom Options-Avanti by Durex

Avanti condoms are made from a unique polyurethane material that is odorless and double the strength of natural latex, enabling a much thinner and therefore more sensitive condom to be made than regular natural latex condoms. These condoms are created from a different polyurethane than that used for the female condom "Reality".

Durex Avanti condoms have a number of key benefits: they have increased sensitivity because they are much thinner than latex condoms; yet still effective against disease and pregnancy, they are odorless, more thermally conductive , and produce no allergic reaction for people who are sensitive to latex. The down side is the price. They are more expensive, but for many people the benefits outweigh the disadvantages. For more information about these condoms, visit http://www.durex.com or call the durex company @888-566-3468

Important Dates To Remember

April 10 HIV Quarterly Reports Due to DPHHS

April 14-15 Men's Retreat contact person: David Herrera

April 27 Videoconference: HIV Prevention with Incarcerated Persons for more information contact person: Margaret Souza @ 444-2675

April 28 Contractor's Meeting in Helena at the Cogswell Building, Room C209. Contact person: Rick Holman @ 444-9028

April 29 SPG Meeting in Helena at the Cogswell Building, Rm. C209. (A block of rooms have been reserved at the Country Inn.) Contact person: Rick Holman @ 444-9028

April 28-30 Young Men's Retreat Contact person: David Herrera

May 18 AIDS Review Panel Meeting with OPI and DPHHS. Contact person: Margaret Souza @ 444-2675

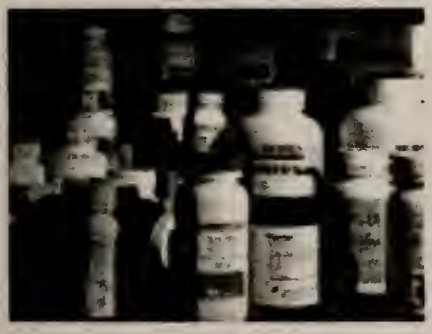
May 22 Governor's AIDS Advisory Council Meeting in Billings. Contact person : David Herrera @ 248-6600

June 1-5 Simon Rosser Training in Billings for MSM sexuality and HIV Prevention ideas. Contact person: David Herrera @ 248-6600

June 27 National HIV Testing Day! Plan your activities now.

ADAPS: See Increase in Clients Served and Expenditures

While federal contributions to AIDS Drug Assistance Programs have increased, "ADAPs continue to face the challenge of meeting the needs of an increasing client base and high drug costs in an era of rapidly changing treatment standards," according to the "National ADAP Monitoring Project Annual Report" released this week by the Kaiser Family Foundation. ADAPs, administered by states, provide HIV/



sources, the introduction of combination antiretroviral therapy has contributed to rising expenses and increasing numbers of ADAP clients, sometimes leading to ADAP budget shortfalls and program restrictions. In FY 1999, the total ADAP budget from all federal and state sources was $665.5 million -- a 30% increase over the FY 1998 budget (ADAP annual report, March 2000). Kaiser Family Foundation President Drew Altman explained: "In most states, ADAP programs have been able to fill the gaps in access to prescription drugs for the nation's low-income, HIV-infected population. Federal contributions to ADAPs have been growing but as treatment standards continue to call for newer, more expensive drugs in combination, these programs will continue to be challenged to meet the needs of their clients" (Kaiser Family Foundation release, 3/24). From July 1996 to June 1999, the number of clients served by ADAPs doubled, from 24,472 to 54,981. From June 1998 to June 1999 alone, ADAPs experienced a 16% increase in the number of clients served. In addition, researchers found "little change" in the demographics of ADAP clients between June 1998 and June 1999; most clients were low-income, uninsured and represented a "mix of racial and ethnic population groups" (ADAP Annual Report, March 2000). In June 1999, 80% of ADAP clients had incomes at or below 200% of the federal poverty limit , 7% qualified for Medicaid and 7% had private health insurance with some level of prescription drug coverage.

AIDS-related prescription drugs to low-income, uninsured and underinsured individuals living with HIV/AIDS in the 50 states, the District of Columbia, Puerto Rico, Guam and the U.S. Virgin Islands (Kaiser Family Foundation release, 3/24). The report analyzed the fiscal, administrative and programmatic status of ADAPs by comparing June 1999 figures to those of the previous year and to data gathered since the inception of the national ADAP monitoring project in 1996, finding that ADAP programs and access to ADAPs varied greatly across states. While ADAPs continue to receive an increasing amount of federal funds through the Ryan White CARE Act and other

> *"As the HIV epidemic shifts ... state ADAP programs will be increasingly challenged to improve access and provide treatments to these populations"*

For more Montana specific information about the ADAP program, call Judy Nielsen @ 444-4744.

750 Copies of this public document were published at an estimated cost of .50 per copy, for a total cost of $375.00 which includes $375.00 for printing and 0.00 for distribution. Funded 100% with federal dollars provided through the CDC.

New Employees with the STD/HIV Section

Judy Nielsen

Judy is an LPN who recently acquired a bachelor of science degree in Health Care Administration from the University of Great Falls. Most of her work experience stems from private physician's offices. She most recently worked for Helena internist, David Jordan for almost nine years. Prior to moving to Helena in early 1991, she was employed for 10 years at the Glasgow Clinic. Raised in Sacco, she is a life-long Montanan. She is married to David Nielsen, Helena City Attorney, and they have three children. Her hobbies are playing the piano and RV'ing.

She is enjoying her new position as the Ryan White Title II program manager. She notes that the new job is very different from hands-on nursing. She finds the change a stimulating challenge.

Regina "Gina" Mallett

"Gina" is a former educator -11 years as a teacher, coach, and administrator. She entered state government 15 years ago as a county worker determining eligibility for public assistance programs such as Food Stamps, Medicaid, and Aid to Families With Dependent Children AFDC). In 1990, Gina moved to Helena to take the position as the State AFDC Program Policy Specialist. She was directly involved in the development of the state welfare reform project, FAIM (Families Achieving Independence in Montana) - writing policy, administrative rules, and training county staff.

A Minnesotan by birth, Gina has resided in Montana since 1971. She has one son and one grandson. Her interests are gardening, sports, painting, and life. She is enjoying and challenged by her new position as the HIV Prevention Planning Coordinator.

MONTANA
Department of Public Health & Human Services
STD/HIV Prevention Section
1400 Broadway, Room C211
Helena, MT 59620

STATE LIBRARY
1515 E 6TH AVE
HELENA MT 59620-1800

ESS CORRECTION REQUESTED

S
362.1969792
H2mra
Summer 2000

MONTANA RESPONDS TO STD/HIV

STATE DOCUMENTS COLLECTION

SEP 2 7 2000

MONTANA STATE LIBRARY
1515 E. 6th AVE.
HELENA, MONTANA 59620

Inside this issue:

STD/HIV Connection	2
Nonoxynol-9 Concerns	3
Methamphetamine Use	3
Prevention among IDUs	4
More web addresses	4
Prevention Burnout	5
Internet Dating Risks	5

Special points of interest:

- Three new staff members added
- Calendar of important dates to remember
- More interesting web sites for prevention information

New STD/HIV Section Supervisor Hired

Bruce Deitle is an Air Force Officer who retired from the active Air Force as a Hospital Administrator with twenty years of service. Prior to being selected as the STD/HIV Section Supervisor, Bruce was the Regional Administrator, Eastern Region, Child and Family Services (CFS) based out of Miles City. He has also worked as a Social Worker for CFS in Great Falls investigating child abuse and neglect and as Supervisor for the Hill and Blaine County offices for CFS.

He is married to EllaBeth, a professional watercolor artist and education counselor, and has two sons. Kevin is a teacher who recently completed R.N. training at Johns Hopkins in Baltimore and Scott is a computer systems engineer for a corporation in Dallas.

Bruce and EllaBeth are interested in domestic and international travel, hiking and fishing. He and his wife traveled full time for five years after retiring from the Air Force.

Please join the staff in welcoming Bruce to our staff.

Important Drug Warning— Ziagen (abacavir)

Glaxo Wellcome, Inc., in conjunction with the FDA MedWatch program, released an "important drug warning" letter this month to inform physicians of "new safety information about hypersensitivity reactions to abacavir," or Ziagen, a nucleoside analogue reverse transcriptase inhibitor. Fatal hypersensitivity reactions are a known risk factor associated with abacavir use and patients who have a known hypersensitivity reaction can experience a more severe, and sometimes fatal, reaction if abacavir usage is interrupted and resumed. The letter, however, warns that "severe or fatal hypersensitivity reactions can occur within hours after Ziagen reintroduction in patients who have no identified history or unrecognized symptoms of hypersensitivity to abacavir therapy." In a minority of the case reports, hypersensitivity reactions occurred days to weeks following reintroduction, but the majority occurred within hours. The letter warns that if abacavir was discontinued for reasons not related to hypersensitivity symptoms, the drug should only be reintroduced after evaluating the reason for discontinuation and ensuring that the patient had no symptoms consistent with hypersensitivity reactions. If no symptoms are identified, caution should be taken when reintroducing abacavir to a patient, and patients should be educated regarding the possibility of reaction upon reintroduction and should have access to immediate medical care. (Glaxo Wellcome letter, 7/27)

STD/HIV Connection

Sexual Transmission is not the only link between HIV and other sexually transmitted diseases. Having an STD infection can increase an individual's risk of being infected by HIV two to five fold; and HIV positive individuals also infected with an STD may be much more likely to transmit HIV. This link, established by several research studies, has important implications for HIV and STD prevention and control activities. As noted by D.T. Fleming and J. N. Wasserheit in their comprehensive review of the HIV/ STD link last year in *Sexually Transmitted Infections*, "as the relationship between HIV and other STDs has become increasingly understood the need to translate these scientific findings into sustainable prevention programs and policy has become increasingly urgent."

"as the relationship between HIV and other STDs has become increasingly understood the need to translate these scientific findings into sustainable prevention programs and policy has become increasingly urgent."

The impact of having an STD clearly increases the risk of acquiring HIV infection. STDs such as syphilis and chancroid, which cause open sores, have been strongly associated with increased risk of HIV infection. Increased susceptibility may be caused by the increased access to the body offered by the sore itself, and by the increased presence of HIV susceptible cells (ie. CD4 cells) in the genital area. In addition, the herpes virus may make some cells biologically more vulnerable to HIV infection.

However, STDs which do not cause sores, including chlamydia, gonorrhea, and trichomoniasis, have also been implicated in increased risk of HIV infection, probably by "recruiting" HIV target cells to the genital area. Because non-ulcerative STDs like chlamydia are prevalent in many communities, their impact on the HIV epidemic could potentially be very great.

Other studies have found that STDs are an important predictor of HIV infection in men who have sex with men, and that individuals with any STD have a much higher rate of HIV infection than those who are not infected. US populations in which HIV has shown sharp recent increases have disproportionately high STD prevalence.

Just as infection with other STDs can increase susceptibility to HIV infection, it also can increase the infectiousness of HIV positive individuals. STD infections tend to increase the amount of HIV detectable in vaginal fluids and semen. For example, in one large study in Malawi, HIV positive men with gonorrhea or other urethritis had semen concentrations of HIV eight to ten times higher than HIV positive men without urethritis. Two weeks after these men were treated, however, HIV concentrations in their semen were reduced to levels comparable to men without STD co-infections.

Clinicians and agencies which offer HIV prevention and testing service must make their clients aware of the importance of STD prevention, diagnosis, and treatment. "We cannot forget," reminds Davis, "that when people protect themselves and get tested and treated for STDs, they also lower their chances of becoming infected with HIV and other STDs, or of transmitting these infections to sex partners."

Dates to Remember

September 11-13 MPHA in Great Falls at the Holiday Inn

September 26 Ryan White Consortia Meeting in Helena, Cogswell Bld.

October 11-12 HIV Contractor's Meeting in He-

November 16 AIDS Review Panel in Helena

December 1 World AIDS Day

Nonoxynol-9 Concerns Noted

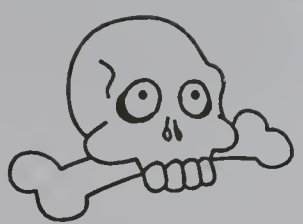
High hopes for an effective microbicide that would significantly reduce the sexual transmission of HIV were dashed recently when an UNAIDS study revealed that the use of nonoxynol-9 may actually increase the risk of contracting HIV, leaving public health experts to wonder how to advise the millions of women who use the contraceptive chemical, the Washington Post reports. An estimated 7.5 million women across the globe--including 1.8 million in the United States--use contraceptive products containing nonoxynol-9 as the active ingredient, including most contraceptive creams, gels, suppositories, foams, films, sponges, and some condoms. Although the chemical is a proven spermicide and there is no evidence that it is harmful to women when used as a contraceptive, nonoxynol-9 is a detergent that may irritate the vaginal lining in frequent use, causing small tears of lesions that may increase a woman's risk of HIV infection. Results from an 1996 UNAIDS study testing low doses of the microbicide in prostitutes in four African countries were released at July's 13th International AIDS Conference in Durban, South Africa. Contrary to hope and prediction, 16% of women who used the nonoxynol-9 gel became infected with HIV compared to only 10% of women who used a placebo.

Currently, two additional US funded studies are underway in Africa to retest the efficacy of nonoxynol-9 in preventing STDs, but hopes are significantly lower. Public health experts will convene at a WHO meeting this fall to discuss the manner in which to address risks to those who currently use nonoxynol-9 as a contraceptive. Penny Hitchcock, chief of research on STDs at the National Institute of Allergy and Infectious Diseases, said, "If this holds, we have to either be very careful about how women use these products or say not to use them at all!" (Washington Post, 8/14). The CDC has released a letter that summarizes the UNAIDS study results and a letter that summarizes the UNAIDS study results and implications, accessible by typing http://www.cdc.gov/hiv into your web browser. (CDC release, 8/11).

"...non-oxynol-9 is a detergent that may irritate the vaginal lining in frequent use, causing small tears of lesions that may increase a woman's risk of HIV infection"

Methamphetamine Addiction in Montana

Methamphetamine addiction, which induces severe mental illness, has grown rapidly across MT over the past several years and MT has only one publicly funded adult inpatient program for treatment, the MT Chemical Dependency Center in Butte. Nearly all of the methamphetamine patients treated at the Butte facility are indigent or unemployed and more than half of the women have young children. The state does not fund a drug treatment center for people under 18 years of age; however, the state does fund two beds for adolescents at the Rimrock Foundation in Billings. The Mental Health Center Chemical Dependency Program in Billings is offering people age 18 and over free outpatient treatment for methamphetamine addiction in the Billings area as part of a three year $1 million research project designed to evaluate the effectiveness of outpatients treatment. Information on the methamphetamine project is available at: *www.methamphetamine.org*



macies."

PREVENTING HIV AMONG INJECTIONS DRUG USERS

There is broad consensus in the public health and AIDS advocacy arenas that preventing the transmission of HIV by increasing injections drug users' (IDU'S) access to sterile syringes is a scientifically sound, legitimate public health response to the significant number of HIV cases in the U.S. that are directly or indirectly tied to injection drug use. An emerging strategy is to increase IDU's access to sterile syringes through retail pharmacies.

"In the US, more than one-third of AIDS cases are directly or indirectly linked to injection drug use"

In the US, more than one-third of AIDS cases are directly or indirectly linked to injection drug use and the sharing and reuse of unsteril syringes and other drug paraphernalia. In injection drug use is the second most frequently reported risk behavior for AIDS. IDUs often share and reuse injection equipment, including syringes, because of barriers they encounter in obtaining sterile equipment. Increasing access to sterile injection equipment is therefore a key factor in stemming the spread of HIV and other blood-born pathogens such as hepatitis B and C

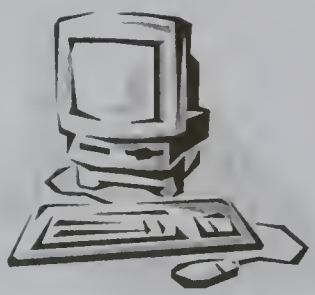
Along with the scarce needle/syringe exchange programs available, providing IDUS with bleach kits and instruction on disinfecting drug injection equipment is another strategy. In practice, however, studies indicate most study participants used inadequate cleaning techniques.

As a result, many IDUs rely on illegal or "black market" sources of syringes such as drug dealers, needle dealers, and injection partners. These sources may provide used syringes that carry the risk of being contaminated with HIV or other viruses. Therefore, the U.S. Public Health Service recommends that IDUS's who continue to inject drugs should "use a new, sterile syringe to prepare and inject drugs" which is "obtained from a reliable source, e.g., pharmacies."

In practice, however, drug paraphernalia laws, prescriptions laws and intimidating requirements such as signing a pharmacy register, as well as store policies and the attitudes of pharmacists all create a number of barriers that prevent IDUS from obtaining sterile syringes in pharmacies.

Evidence suggests that if barriers were removed a significant number of IDUS would exercise the option of purchasing some or all of their syringes in pharmacies. Therefore access to syringes through retail pharmacies should be one of several complementary strategies available to IDUS.

Web Sites for Prevention



Kaiser Foundation:
www.kff.org/

Kaiser website for teens:
www.itsyoursexlife.com

Ravalli AIDS Council:
Http://missoula.bigsky.net/ravaids

OutSpoken:
http://missoula.bigsky.net/outspkn

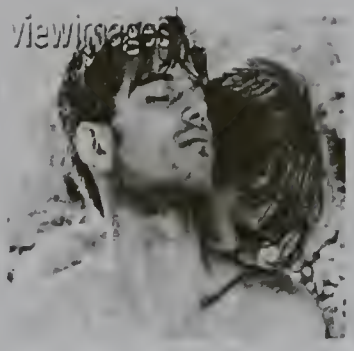
AIDS Stats in Montana:
http://www.dphhs.state.mt/hpsd/pubheal/disease/comdis/stats.htm

Educational Resources:
http://www.cdcnpin.org

HIV/AIDS Treatment Issues:
http://www.hivatis.org

"Prevention Burnout" Among Gay Population

Experts fear that a "prevention burnout" has occurred among gay men, after years of steadily declining infection rates and the advent of numerout AIDS medications. Rene Durazzo, program director for the San Francisco AIDS Foundation, said, "Men don't want to use condoms, and our job is not to tell them to, because they will shut that message out... We have to get them to step back and reflect on their decisions and the risk of those decisions." Therefore, prevention efforts are headed in new directions. With a $1 million grant from the CDC, San Francisco is one of the first cities to focus prevention efforts on HIV positive men, who in the past have been all but ignored in favor of targeting the HIV negative population. A social marketing agency will soon launch a "living with HIV" campaign to air in prime-time TV slots, featuring seven HIV positive men of diverse backgrounds. The ads, which aim to motivate infected men "to be leaders in prevention," will air on shows found to be popular among gay men, including The Simpsons, Star Trek, Will and Grace, and Friends. With a prevention budget of $16 million, the San Francisco health department is also considering other new approaches, including campaigns detailing the unpleasant side effects of AIDS medications; targeting specific at-risk populations such as gay African Americans or bisexual men; addressing older men; and tailoring prevention education to relate to young men. We have many, many unmet prevention needs, and people need to stop this fantasy that HIV/AIDS is no longer a problem," Valdiserri said (USA Today, 7/31).



Internet Dating Increases STD Risks

The Internet may serve as a venue for the initiation of sexual contact, with anonymous or multiple sex partners, thereby increasing one's risk for STDs, the Journal of the American Medical Association reports. A study conducted between September 1999 and April 2000 evaluated 856 anonymous clients, ages 18 and over, who sought HIV testing at the Denver Public Health HIV Counseling and Testing Site, to determine whether the use of the Internet to solicit sex partners should be considered a potential risk factor foe STDs/HIV. The study sample largely consisted of white heterosexual men. Clients completed a risk-assessment questionnaire about previous sexual behavior and previously contracted STDs. Subjects then participated in face-to-face interviews about the degree of use and success of the Internet for solicitation of sex partners. The study found that 15.8% of clients logged onto the Internet to seek sex partners and 65.2% of these individuals successfully initiated sexual contact. Of those successfully initiating contact, 38.7% had met more than three sex partners over the Internet, and only 44% used a condom during their last encounter with an "Internet partner." When compared to survey subjects who did not use the Internet to seek sexual partners, "online seekers" were more likely to have had a previous STD, "thus increasing their risk of acquiring future STDs such as HIV." Although online seekers reported greater numbers of sexual partners, they were more likely than "offline clients" to have used a condom during their last sexual encounter. Online seekers more frequently reported oral and anal sex and "more sexual exposure to men and to men who have sex with men" than offline subjects. The study concludes that the Internet "clearly has had a role in the solicitation of risky sex partners,...Thus, seeking sex on the Internet may be a potential risk factor for STDs/HIV." The authors call for the "development of strategies to promote STDS/HIV prevention among online seekers".
(McFarlane/Bull/Rietmeijer, JAMA, 7/26)

"online seekers" were more likely to have had a previous STD, "thus increasing their risk of acquiring future STDs such as HIV"

STATE LIBRARY
1515 E 6TH AVE
HELENA MT 59620-1800

MONTANA
Department of Public Health & Human Services
STD/HIV Prevention Section
1400 Broadway, Room C211
Helena, MT 59620

RETURN SERVICE REQUESTED

New Staff at the STD/HIV Section

Amy Kelly joined our staff on the 20th of July in the position of Quality Assurance Specialist. Amy has a Bachelor of Science in nursing from MSU. She has recently obtained her national certification for Case Management, as well. She has six years of work experience in community nursing, four of those as a Public Health Nurse for Cascade City/ County Health Department. She was born and raised in and around Missoula, Montana. She relocated to Helena in February 2000 when her husband was transferred here. She keeps busy in her off-time with 5 year old twins, and a 5 month old baby. She is enjoying her latest challenge as part of the STD/HIV Prevention Section. Her phone number is 444-1604. Feel free to give her a call and welcome her to state government.

Chad Rhoades has been hired in our Accounting Tech position as a permanent employee. He has been a temporary employee since January. He is currently working to complete his undergraduate work in Religious studies with minors in Accounting and Business Administration. Chad worked in the retail marketing business for 2 years before joining our staff. Chad is married to Kristie Rhoades, an Underwriter for Montana State Fund. They are expecting their first child in late December. Chad enjoys spending time with his family, and working with the youth in his church. His hobbies include hunting, fishing, and recreational sports. He is beginning to settle into the position, and welcomes the challenge of discovering new and better ways to serve our public.

...00 for printing and 0.00 for distribution. Funded 100% with federal dollars provided through